

# Health care in developing countries is not a “zero sum game”

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Child with congenital talipes equinovarus (clubfoot), Uganda, June 1983

I met this child during an emergency immunization project in Uganda in 1983. Later, in San Francisco, whenever questions about this boy came up, I was quick to explain that it was “inappropriate” for orthopedic surgeons to go to such places to offer reconstructive surgery. With self-righteous (and self-serving) certainty, I would contend that resources should go only to the problems of highest priority, such as to provide immunizations.

There are priorities, and immunization certainly has a more powerful effect on a community than the introduction of complex reconstructive surgery. But I was ignorant to think that the dollar had to go to one or the other. Except in true disasters, this is not the case. Every bit of medical work that gives people a decent life should be encouraged. Every helpful act draws new attention to problems that are essentially interconnected. A constituency that advocates health care as a basic human right grows. It is not a matter in which one person’s gain is another person’s loss. Health care is not a “zero sum game.”

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